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O. D		(Departme	ent, buresu, or establishmen	t)			-	PA	ID BY	
Voucher pref.	pared at		(0111-3							
THE UNITED STATES, Dr.,		(Give place and date) Payee's Account No								
To		Eastmar	-Kodak Company							
9):2 State S	.	(Payce) Rochester 4	Note Voy	ale.					
		dress)	(Oity)		(State)		_			
No. and Date of	Date of Delivery	(Enter descript	ARTICLES OR SERVI	ract or Federal s	supply		UNIT	PRICE	AMOUN	T
Order	or Service	schedule, Discount Terms	and other information de	emed necessary	')	QUANTITY	Cost	Per	Dollars	Cts
		Clause 4 of	e Fixed Fee, we the General Parter Contracto	rovisions	of ti	h e			467	33
PAYMENT: Complete Partial Final		11	se continuation sheet(s) if r							
Shipped from		to			B/L No.			Total	467	22
Cinpped Hom	1	LO	Weight	Government						
			Weight Dayment has not been rece	Government	(Pay	ee must NO		space)		
I certify that the	above bill is correct	t and just and that p	payment has not been rece	ived.	(Pay Differen	ces	correct for	space)	* 467	3
I certify that the see origin. Date	al Inv. #5	t and just and that p for nearth file bis certificate not required when	payment has not been rece	ived.	(Pay Differen	ces	correct for	space)	* 467	3
See origin	al Inv. #5	t and just and that p	payment has not been rece	ived.	(Pay Different	ces	correct for	space)	* 467	3
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